

# CREDIT APPLICATION

# RESET

Email the signed application and last three months summary bank statements to [LeeBurnett@E-F-N.com](mailto:LeeBurnett@E-F-N.com)

## USER / LESSEE INFORMATION

Lessee's Full Legal Name		Parent Company (If Applicable)	DUNS Number (If Applicable)	Federal Tax ID Number
Office Location Street Address	City	County	State	Zip
Equipment Location Street Address	City	County	State	Zip
Contact Name	Title	Email Address		
Company Website	State of Incorporation	Phone Number	FAX Number	
Date the Company Began Operation	LLC	Partnership	Has the Company, or any Guarantor, ever declared bankruptcy? YES NO	
Years Under Current Ownership	S Corporation	Municipal	Are there any outstanding liens or lawsuits?	
Primary Business Classification	C Corporation	Non-Profit	Are there any outstanding tax obligations?	

## PERSONAL INFORMATION (Principals, Members or Guarantors)

Guarantor 1: Name	Title	Social Security Number	Percent Ownership	Home Phone
Home Street Address	City	State	Zip	
Guarantor 1: Signature	Date			
Guarantor 2: Name	Title	Social Security Number	Percent Ownership	Home Phone
Home Street Address	City	State	Zip	
Guarantor 2: Signature	Date			

FOR ADDITIONAL GUARANTORS COPY THIS APPLICATION, COMPLETE THE NECESSARY INFORMATION, AND SUBMIT AT THE SAME TIME

### Lessor/Secured Party: Everest Financial Network LLC and its nominees or assigns.

By signing above the undersigned individual, who is either a principal of the credit applicant or a guarantor of its obligations, provides this written instructions to the above referenced Lessor/Secured Party, its nominees or assigns, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application and, subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing and collecting the resulting account. A photocopy or facsimile of this authorization shall be valid as the original. By signature above, I/we affirm my/our identity as the respective individuals identified in this application.

## BANK REFERENCES AND BANK STATEMENTS

To expedite processing we require the last three months of bank statements for the Applicant. Please Fax them with this application.

Bank Name and Branch	Account Number and Type	Contact Officer	Phone Number
Bank Name and Branch	Account Number and Type	Contact Officer	Phone Number

## TRADE OR FINANCE REFERENCES

Company Name	City / State	Contact Person	Phone Number
Company Name	City / State	Contact Person	Phone Number

## EQUIPMENT SUPPLIER INFORMATION

Equipment Supplier Business Name	Contact Person	Mobile Phone	Office Phone	Email Address
----------------------------------	----------------	--------------	--------------	---------------

## TRANSACTION INFORMATION.

Quantity	Manufacturer	Year	Model Number	Description	Equipment Cost Excluding Tax
Lease Term in Months	Monthly Lease Payment	Other	New	Used	TOTAL COST Excluding Taxes

## CREDIT RELEASE

APPLICANT STATEMENT: Applicant has answered the questions fully and truthfully. Applicant understands that Everest Financial Network LLC ("Everest") or its assigns or designees will check credit records and any statements applicant has made. Applicant gives all of its creditors permission to provide us any information needed to determine whether Everest and its assigns or designees want to grant applicant credit. Applicant may request the status of this application to be transmitted by electronic mail and applicant expressly authorize Lessor or its nominee to transmit such message to the electronic mail address, which applicant may provide. The person signing this is 18 years of age or older.

Authorized Signature and Title

Print Name

Date

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580.

If your application for business credit is denied, you have the right to a written statement of the specific reason for the denial. To obtain the statement, please contact Lessor set forth above within 60 days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of receiving your request for the statement.

Program Management provided by EVEREST FINANCIAL NETWORK  
Please call 303-948-9999 with any questions

